

Foster Family Home - Corrective Action Report

Provider ID: 1-582248

Home Name: Ma Lournalee Asuncion, CNA

Review ID: 1-582248-6

98-544 Kaamilo Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 10/3/2019

Foster Family Home

Required Certificate

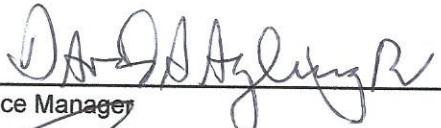
[11-800-6]

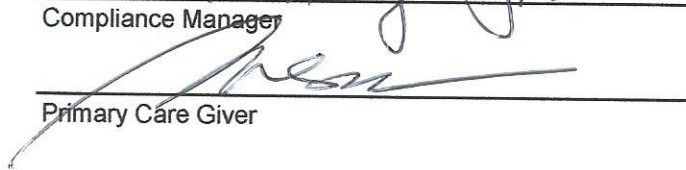
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/3/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

10/4/19
Date

10/4/19
Date